MENNO PLACE

# STAFF LEAVE OF ABSENCE REQUEST FORM

☐ Menno Home ☐ Menno Hospital

☐ Menno Apartments ☐ MBS

EMPLOYEE NAME: _____ DEPARTMENT: _____ JOB TITLE: _____

## LEAVE OF ABSENCE: ☐ WITH PAY ☐ WITHOUT PAY

**TYPE OF LEAVE:**

☐ BANKED OVERTIME TAKEN

☐ SPECIAL LEAVE

☐ MARRIAGE LEAVE

☐ MATERNITY / PARENTAL LEAVE

☐ SICK LEAVE

☐ MEDICAL APPOINTMENT LEAVE

☐ COMPASSIONATE LEAVE

☐ EDUCATION LEAVE

☐ JURY DUTY

☐ UNION LEAVE ____ recoverable ____ general

☐ SICK - 5 DAYS ESA (CASUALS ONLY)

☐ OTHER: _____

**DATE(s) OF LEAVE:** _____ **SHIFT:** _____

**EXPLAIN DETAILS:** _____

_____

_____

**EMPLOYEE SIGNATURE:** _____ **DATE:** _____

## DEPARTMENT DIRECTOR

☐ APPROVED

☐ APPROVED *IF RELIEF AVAILABLE AND REQUEST DOES NOT EXCEED DEPARTMENT STAFFING GUIDELINES*

☐ NOT APPROVED *SEE COMMENTS*

COMMENTS: _____

_____

**DIRECTOR/DELEGATE:** _____ **DATE:** _____

## HUMAN RESOURCES

**HUMAN RESOURCES:** _____ **DATE:** _____

## STAFFING DEPARTMENT

DATE RECEIVED: _____ DATE COPIED & GIVEN: _____

Revised Oct 12 2022